

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Weekly Bulletin



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GUY P. JONES
EDITOR

Summer Care of Babies

By ELLEN S. STADTMULLER, M.D., Chief, Bureau of Child Hygiene, California Department of Public Health

There are several reasons why young children "feel the heat" more than grown people. One of them is that their body surfaces are closer to the ground and more exposed to the reflected heat from this source. The apparatus which regulates radiation of heat from within the body is not as well developed in the very young as in grown people. Children, too, are more inclined to be ceaselessly active and through rapid loss of energy generate more heat to be thrown off.

Infants and young children need special care if they are to maintain well being and growth during the season of intense heat which comes during summer and fall. Daily baths should be the rule. If these are given in the morning additional tepid sponges in the afternoon and before going to bed will make the child much more comfortable and less likely to develop skin rashes (prickly heat) due to intense perspiration.

Clothing should be as light as possible and not tight at any place, such as the waist. For very small infants cotton should replace wool next to the skin. During the heat of the day a "teething band" and diaper is sufficient. Additional garments are to be added as change of temperature indicates.

Great care should be exercised in care of foods during this time as the heat increases the tendency of foods to spoil. This is especially true of milk, the most vital food for children. Milk should be kept ice

cold in the refrigerator, if possible. Where ice is not obtainable, the temperature can be kept low by wrapping the milk bottles in a damp cloth, standing in a pan of water to provide additional moisture and placing pan and bottle on a shady window ledge. The evaporation of the water will keep down the temperature of the milk. If there is any question as to cleanliness of the milk, it should be boiled for three minutes, stirring constantly. This renders it free from harmful bacteria, so often the cause of summer diarrhea of children.

Special pains should be taken to keep insects away from young children. The screening of windows and porches is important in the prevention of disease, too often carried to children by the common housefly. Keep flies away both from young infants and from children's food by use of screens or the use of mosquito bar. This means the removal of all food from the dining table to a suitably screened pantry or cooler, at the end of each meal.

It is often possible to render the rooms of home habitable, even during the hot weather, by opening all windows and allowing cross ventilation during the night and closing them early, before the morning air has been heated by the sun.

HOW TO GIVE SUNBATHS

Babies are given sunbaths because it recently has been discovered that direct sunshine has the power

to assist the body to use certain food elements (calcium and phosphorus) to the best advantage in building bones and teeth. The proper use of these elements by the body prevents the development of the disease "rickets" with its resulting deformities in bones and joints.

California children are fortunate in the fact that their state is the "land of sunshine" as it makes it possible for them to enjoy this healthful influence for a large part of the year.

For the average healthy baby sunbaths can be started when the baby is young (at the end of the second month), or earlier if ordered by the family doctor. A short exposure starts this process and the time is gradually lengthened as the skin becomes more and more accustomed to the action of the sun's rays. The goal sought is a slowly deepening coat of tan acquired without causing sunburn—"Like good toast, you brown them but never burn them."

The simplest method is to use the time of the bath when the baby is stripped. After weighing the young infant is placed on a blanket on the bed (or, if need be, on the floor). An open window permits the sun, direct from the sky, to fall on the baby's body—the eyes being protected. A minute on the chest and a minute on the back is sufficient for the first exposure. To proceed cautiously, the time is lengthened by one-half minute for each side of the body every other day. Care should be taken with young infants that the room be warm and all doors and other windows closed.

As baths are ordinarily given in the morning these directions would bring the time of the sunbath early in the day. For hot weather, or at an elevation, this time is to be preferred as it will prevent too strong an action of the sun, but in the winter months it may be necessary to change the time more nearly to noon to get a sufficient amount of irradiation.

It may also be necessary to use a modified method in starting sunbaths during the winter, especially if the baby chances to live where the climate is rigorous. In such a case the exposure would begin with uncovering of the legs to the knees and the time of exposure lengthened to five minutes. After such an exposure for a week, the thighs are uncovered at the end of the first five minutes and an additional five minutes time allowed to elapse for the sunbath. The following week the diaper and shirt may be opened and the lower half of the trunk be given its additional five minutes. By increasing slowly the amount of skin area exposed to the sunshine, a month to six weeks elapses before the entire body is uncovered.

It must be remembered that sunshine loses its power of acting beneficially if it is "filtered" by passing through glass, that it must come "straight from the sky."

Babies and young children who acquire a uniform deep tan during the summer are able to continue sunbaths all winter and appear more resistant to upper respiratory diseases—coughs and colds.

NUTRITION AND FEEDING PROBLEMS

By ELLEN S. STADTMULLER, M.D., Chief, Bureau of Child Hygiene, California Department of Public Health

The problem of keeping a child properly nourished resolves itself in developing his appetite without his being aware of it. Appetite in this sense may be defined as a desire for food.

Harping upon the subject and insisting that the child eat during the meal spoils the appetite and creates a dislike for food. "Most children have extremely strong wills and after their appetites have been spoiled can not be forced to eat enough food to maintain their best nutrition." ("Cultivating the Child's Appetite"—C. A. Aldrich, M.D.) Also, food is more properly digested if a good appetite is maintained, as emotional strife attendant on forcing a child to eat decreases the flow of digestive juices.

Some children seem never to be hungry or have any desire for food at all. This may be due to a sluggish flow of digestive juices causing, in turn, a slow emptying of the stomach. This condition has probably been established by constant coaxing or forcing of the child to eat a certain amount of food each mealtime. The result is that the hunger reflex, so closely related to appetite, is not keenly developed and after taking a few mouthfuls the child has no further desire for food.

As a result, then, of allowing faulty food habits to form, or of overfeeding, we have a child whose appetite has become capricious, who has developed dislikes for certain foods and reacts negatively to all food suggestion. He has learned also that by refusing to eat he gets more attention and takes the opportunity at mealtime to stage a little drama with the rest of the family as a baffled audience. He may even, as a means of tyrannizing, vomit everything he has taken.

Food should be served in an attractive way and in moderate amounts. Allow only a reasonable time to finish the meal—one-half an hour is enough—then remove the food, whether he has finished or not and send him from the table.

"Until desirable eating habits are established it is best to have the child eat alone, without an interested audience. In this way there will be less to

attract his attention and he will not be tempted by the array of food he sees provided for others. The mother should be with him for company, but she should have something to take up part of her attention so the child will not feel her whole attention is focused on him." ("Everyday Problems of Everyday Child"—Thom.)

If the child will not eat the food set before him, do not force him or talk the matter over with others in his presence. Antagonism toward a particular food is often aroused by insisting he eat it the first time it is presented. Have him taste the new food, and if he does not seem to care for it do not insist that he eat it. Do not create an unpleasant scene that will recur in the child's mind each time that food is presented. "The mother's attitude must be calm and detached, not hovering and solicitous. It is evident by obeying this rule we avoid the danger of allowing the child to use refusal to eat as a means of obtaining special favors and attention." ("Cultivating the Child's Appetite"—C. P. Aldrich, M.D.)

Parents must agree on how they are going to handle the feeding of their child and express no differences before him.

If a child can get sweets or other food whenever he wishes, it is unreasonable to expect him to conform to any plan of regular meals. These are a few suggestions to help parents to steer clear of forming faulty food habits in their children, or to correct those that have already been established.

WEIGHING

By ELLEN S. STADTMULLER, M.D., Chief, Bureau of Child Hygiene, California Department of Public Health

The only accurate way a mother can be sure that her baby is receiving enough nourishment is by keeping a careful record of regular weighings. These weighings should, for the sake of accuracy, be made on a beam scale (not on a spring scale), at the same time and under the same conditions. It is most convenient to weigh the baby, without clothes, at the time of bathing. The weight should be recorded in a note book kept for this purpose. Many of the dainty record books on sale provide a place for such a record. Very little babies should be weighed every day, as it is essential with them that a failure to gain, or a loss in weight, should be noted at once. Older and larger babies may be weighed once a week during their first year.

A baby's gain depends on the amount and quality of the mother's breast milk, so that a nursing mother must take special care to see that she has an abundant, simple and varied diet, including plenty of vegetables and fresh fruit. At least three glasses of

milk a day, sipped slowly, should be taken as this will help to keep up a good supply. With good elimination and at least eight hours sleep at night, augmented by rest periods during the day, the ordinary healthy woman will have sufficient milk for her baby.

The ideal gain for a baby is eight ounces—half a pound—a week. At this rate the baby will gain two pounds a month and a seven-pound baby will double its weight and will weigh 14 pounds by the end of the fourth month. After this the rate of gain is less and less rapid and the weight at the end of the first year is three times that at birth.

Another easy way to keep the rate of gain in mind is this—for the first four months the gain should be from six to eight ounces per week; from the fourth to the eighth month the gain varies from four to six ounces per week; and during the last four months the weekly gain varies from two to four ounces.

The baby sometimes does not gain at a uniform rate, appearing to gain in length and then add weight, but a failure to gain for two weeks should be investigated, as there is some cause that needs discovery and correction.

If it is necessary to consult your physician regarding the baby's condition during these early months, the weight record will be of great assistance to him in arriving at a conclusion as to the needs of the infant and its treatment.

When mothers are first up and around, after their confinement, they naturally feel less strong than usual; for this reason the breast milk may be scanty. The baby will then fail to gain and frequently mothers with their first babies suppose that they are unable to nurse their child. The mother's nervousness over this failure to gain, and the general care of the little one, may cause the breast milk to be less good in quality so that the child is less well nourished.

To avoid such a disturbing cycle the mother should weigh the baby in its clothing, before and after nursing. The amount gained in weight will be the amount of milk secured from the breast. This amount varies with the age of the baby, running from one and one-half to two ounces per nursing (or 10 to 16 ounces a day), during the first week and under ordinary circumstances increasing rather rapidly up to the fifth week, when from two and one-half to five ounces are obtained at a nursing.

To cure the mind's wrong bias, spleen,
Some recommend the bowling green;
Some hilly walks; all exercise;
Fling but a stone, the giant dies.

—Matthew Green.

MORBIDITY

Morbidity Reports for the Following Diseases for the Week Ending July 13, 1935

Chickenpox

233 cases: Alameda County 2, Alameda 14, Berkeley 11, Oakland 16, San Leandro 1, Richmond 1, Bakersfield 1, Los Angeles County 21, Alhambra 1, Avalon 6, Beverly Hills 1, Burbank 1, Culver City 9, Glendale 1, Huntington Park 1, Inglewood 1, La Verne 8, Long Beach 4, Los Angeles 25, San Fernando 1, San Gabriel 1, Santa Monica 1, Torrance 1, Madera County 1, Yosemite 3, Napa County 1, Orange 1, Santa Ana 7, La Habra 1, Plumas County 1, Sacramento 5, San Diego 12, San Francisco 29, San Joaquin County 5, Stockton 17, San Luis Obispo County 1, San Luis Obispo 1, San Mateo County 2, Santa Barbara County 3, Lompoc 1, Santa Barbara 8, Santa Clara County 2, Sunnyvale 1, Sonoma County 2.

Diphtheria

21 cases: Oakland 4, Los Angeles County 2, Los Angeles 9, Plumas County 2, Riverside County 1, Elsinore 1, Sacramento 1, San Jose 1.

German Measles

136 cases: Alameda County 5, Berkeley 4, Oakland 11, Placer-ville 1, Fresno County 2, Humboldt County 6, Kern County 1, Los Angeles County 6, Alhambra 1, Glendale 1, Glendora 1, Huntington Park 1, Los Angeles 22, Montebello 1, Pasadena 4, Pomona 4, Santa Monica 1, Ross 1, San Rafael 2, Calistoga 3, Orange County 1, Fullerton 1, Corona 3, Sacramento 3, Chula Vista 2, San Diego 5, San Francisco 20, San Joaquin County 2, Stockton 2, San Luis Obispo County 1, Santa Barbara County 1, Lompoc 1, Santa Clara County 1, Palo Alto 2, San Jose 1, Shasta County 10, Sonoma County 1, Petaluma 1.

Influenza

24 cases: Kern County 1, Lake County 1, Los Angeles County 2, Azusa 1, Burbank 1, Los Angeles 16, Vallejo 1, Stanislaus County 1.

Measles

423 cases: Alameda County 6, Alameda 1, Berkeley 4, Oakland 14, San Leandro 1, Angels Camp 1, Contra Costa County 2, El Cerrito 1, Martinez 2, Richmond 9, Walnut Creek 1, Fresno County 4, Kern County 10, Bakersfield 1, Los Angeles County 17, Beverly Hills 3, Burbank 6, Compton 1, Glendale 9, Huntington Park 3, Inglewood 1, Long Beach 23, Los Angeles 45, Pasadena 4, Pomona 1, Santa Monica 3, Sierra Madre 2, Whittier 2, Lynwood 2, Hawthorne 3, South Gate 1, Monterey Park 2, Madera 3, Ross 1, Yosemite 1, Gustine 3, Merced 1, Pacific Grove 1, Salinas 2, Soledad 1, Napa County 2, Napa 2, Orange County 7, Fullerton 6, Newport Beach 2, Orange 5, Santa Ana 15, Seal Beach 1, Laguna Beach 1, Placinta 1, Tustin 4, Corona 1, Riverside 1, Sacramento County 7, Sacramento 20, North Sacramento 1, San Bernardino 3, Coronado 1, El Cajon 1, San Diego 10, San Francisco 47, Stockton 2, San Luis Obispo County 1, Paso Robles 1, San Luis Obispo 3, Burlingame 1, Redwood City 1, Santa Clara County 15, Mountain View 1, Palo Alto 6, San Jose 20, Willow Glen 1, Santa Cruz County 1, Santa Cruz 2, Solano County 1, Sonoma County 15, Tulare County 1, Tuolumne County 2, Ventura County 3, Yolo County 1, Davis 1, Woodland 7, Yuba County 1.

Mumps

136 cases: Alameda 3, Berkeley 2, Oakland 35, San Leandro 1, Jackson 2, Kern County 1, Lake County 2, Los Angeles County 5, Covina 1, Long Beach 1, Los Angeles 8, San Fernando 1, Whittier 1, Soledad 8, Nevada County 1, Placentia 2, Plumas County 2, Sacramento County 1, Sacramento 7, San Diego 6, San Francisco 4, Stockton 6, San Luis Obispo County 2, San Luis Obispo 3, Burlingame 1, Palo Alto 1, San Jose 2, Santa Cruz 1, Sonoma County 25, Yolo County 1.

Pneumonia (Lobar)

25 cases: Oakland 2, Los Angeles County 2, Los Angeles 9, Montebello 1, Redondo 1, San Marino 1, Santa Monica 1, Riverside County 1, San Diego 4, San Francisco 2, San Jose 1.

Scarlet Fever

83 cases: Alameda County 1, Berkeley 1, Oakland 4, San Leandro 1, Contra Costa County 1, Fresno County 2, Fresno 1, Humboldt County 3, Los Angeles County 9, Burbank 1, Los Angeles 16, Montebello 2, Pasadena 3, San Marino 1, Lynwood 1, Merced 2, Monterey County 1, Fullerton 1, Riverside County 1, Sacramento 5, San Diego 5, San Francisco 13, San Luis Obispo County 1, Santa Barbara 1, Palo Alto 1, Vallejo 1, Sutter County 2, Tulare County 1, Yolo County 1.

Smallpox

3 cases: Los Angeles 1, Santa Cruz County 2.

Typhoid Fever

5 cases: Los Angeles 1, Sacramento County 1, Stanislaus County 1, Tulare County 1, California * 1.

Whooping Cough

131 cases: Alameda County 9, Berkeley 14, Oakland 7, Contra Costa County 1, Fresno County 2, Reedley 2, Los Angeles County 3, Burbank 3, Glendale 1, Long Beach 3, Los Angeles 9, Redondo 1, Santa Monica 2, Orange County 1, Anaheim 2, Brea 1, Fullerton 9, Santa Ana 4, Sacramento 3, Chula Vista 1, San Diego 6, San Francisco 18, Stockton 5, San Luis Obispo County 1, Paso Robles 1, San Mateo County 2, Burlingame 1, Santa Barbara County 7, Santa Barbara 2, Santa Clara County 4, San Jose 4, Sunnyvale 1, Petaluma 1.

Meningitis (Epidemic)

3 cases: Los Angeles 2, Modesto 1.

Dysentery (Amoebic)

2 cases: Oakland 1, San Bernardino 1.

Dysentery (Bacillary)

3 cases: Los Angeles 2, San Marino 1.

Pellagra

8 cases: Bakersfield 1, Los Angeles County 1, Los Angeles 6.

Poliomyelitis

29 cases: Oakland 1, Kern County 8, Bakersfield 1, Los Angeles County 1, Los Angeles 8, Santa Monica 1, South Pasadena 1, Grass Valley 1, Santa Clara County 1, San Jose 1, Modesto 1, Tulare County 3, Tulare 1.

Tetanus

5 cases: Los Angeles County 1, Los Angeles 1, Monrovia 1, Pomona 1, Orange County 1.

Trachoma

2 cases: Lake County 1, Riverside County 1.

Paratyphoid Fever (Beta Type)

1 case: Riverside County.

Rabies (Human)

1 case: Los Angeles.

Trichinosis

1 case: San Francisco.

Food Poisoning

4 cases: San Francisco.

Undulant Fever

4 cases: Oakland 1, Los Angeles County 1, Orange County 1, San Francisco 1.

Septic Sore Throat (Epidemic)

1 case: Berkeley.

Psittacosis

1 case: Los Angeles.

Rabies (Animal)

23 cases: Los Angeles County 1, Los Angeles 10, Redondo 1, San Diego 5, San Joaquin County 3, Stockton 2, Stanislaus County 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Sickness is very wasteful of time and money, as well as a disagreeable and alarming experience. It cuts off income and increases expenses. It threatens all that we hold most worth while—our ambitions, careers, usefulness to the community; our homes, friends and families. It is the greatest obstacle to a serene, happy, contented, useful life.—Franklin D. Roosevelt.